

07-12-01

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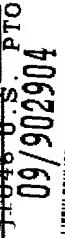
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PTO/SB/50 (02-01)  
Approved for use through 01/31/2004 OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL



Address to:	Attorney Docket No.	MBI-1064
Assistant Commissioner for Patents Box Reissue Washington, DC 20231	First Named Inventor	DUNN
	Original Patent Number	6,038,784
	Original Patent Issue Date (Month/Day/Year)	3/21/2000
	Express Mail Label No.	EL022641315US

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i>	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format ( <i>amended, if appropriate</i> )	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) ( <i>if applicable</i> )		
4. <input checked="" type="checkbox"/> Drawing(s) ( <i>proposed amendments, if appropriate</i> )	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i>	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration ( <i>if applicable</i> )		
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input type="checkbox"/> Preliminary Amendment		
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	17. Other: <u>Certificate of</u> <u>Mailing via</u> <u>Express Mail</u>		
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table			
9. Nucleotide and/or Amino Acid Sequence Submission ( <i>if applicable, all of the following are necessary</i> )			
a. <input type="checkbox"/> Computer Readable Form (CFR)			
b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies), or ii <input type="checkbox"/> paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			

### 18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below		
Name	John L. Knoble, Reg. No. 32,387			
Address	KNOBLE & YOSHIDA, LLC, Eight Penn Center, Suite 1350			Zip Code 19103
City	Philadelphia	State PA	Fax	(215) 599-0601
Country	USA	Telephone	(215) 599-0600	

NAME <i>(Print/Type)</i>	John L. Knoble	Registration No (Attorney/Agent)	32,387
Signature		Date	7/10/2001

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>				Docket Number (Optional) <b>MBI 1064</b>				
<b>Claims as Filed - Part 1</b>								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20 (C) 2	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 49 (D) 6	**** 29 = x \$ 9 = 261 * 4 = x \$ 40 = 160	or	x \$ _____ = x \$ _____ =	\$ _____ OR	\$ _____	
				Basic Fee (37 CFR 1.16(h)) <b>\$3.55</b>				
				Total Filing Fee <b>\$7.76</b>				
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ _____ =	x \$ _____ =	\$ _____ OR	\$ _____	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ _____ =	x \$ _____ =			
					Total Additional Fee <b>\$</b>			
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0462</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>776.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
<p><u>1/10/01</u> Date</p>				 <p>Signature of Applicant, Attorney or Agent of Record</p>				
				<p><u>John L. Knoble</u> Typed or printed name</p>				

07/11/01  
jc962 U.S.  
PTO

PTO/SB/56 (02-01)

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

MBI 1064

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 49	**** 29 =	x \$ .9 =	261	or	x \$ =
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 6	* 4 =	x \$ 40 =	160		x \$ =
							\$ _____
Basic Fee (37 CFR 1.16(h))					\$355	OR	\$
Total Filing Fee					\$776		\$

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =			
Total Additional Fee					\$	OR	\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0462  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 776.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Date

Signature of Applicant, Attorney or Agent of Record

John L. Knoble

Typed or printed name

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): DUNN, et al.

Docket No.

**MBI-1064**

Serial No.

Unknown

Filing Date

Herewith

Examiner

Unknown

Group Art Unit

Unknown

Invention: **BOTTLE RACK**

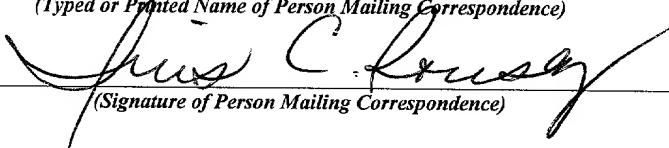
I hereby certify that the following correspondence:

Reissue Patent Application Transmittal; Specification, Claims & Abstract (5pgs.); Formal Drawings (3 pgs.); Reissue Application Fee Transmittal Form (in dup); Reissue Declaration and Power of Attorney including Statement of Inoperativeness or Invalidity; Offer to Surrender, Assent of Assignee, and Power of Attorney; PTO Form 1449; Transmittal letter of Information Disclosure Statement ; Copies of cited References; and a Check for \$776.00 .

*(Identify type of correspondence)*

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